Atty. Docket No. 201-0309 GPB (FOR25 P-347)

## CERTIFICATE OF MAILING

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to the MS Box AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.

June 23, 2003.

Date

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit

3611

Examiner

Kevin Hurley

**Applicant** 

Aaron L. Mills et al.

Appln. No.

09/683,703

Filing Date

February 5, 2002

Confirmation No.

6453

For

STEER-BY-WIRE STEERING SYSTEM

WITH ROTATION LIMITER

RECEIVED

JUN 3 0 2003

**GROUP 3600** 

MS Box AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

Any fee for additional claims has been calculated as shown below:

## **CLAIMS AS AMENDED**

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 20	Minus	** 20	= 0	x \$9	\$ 0	x \$ 18	\$0
Independent Claims	* 3	Minus	*** 3	= 0	x \$42	\$ 0	x \$ 84	\$0
First Presentation of Multiple Dependent Claims \$140						\$0	x \$280	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0		\$ 0

Applicant Aaron L. Mills et al. Appln. No. 09/683,703 Page . 2 If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3 If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed. 1. Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed. 2. x No additional fee is required. 3. \_\_\_\_ A check in the amount of \$ is attached. \_x Please charge any additional fees or credit overpayment to Deposit Account No. 4. 06-1510. A duplicate copy of this sheet is attached. PRICE, HENEVELD, COOPER, **DEWITT & LITTON** June 23, 2003. Date

Kevin T. Grzelak

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KTG/jrb